

INDEX OF SURGICAL PROGRESS.

GENERAL SURGERY.

I. On Fatty Embolism. By Professor WILHELM TH. GRUBE (Kharkov, Russia). The author states that : 1. Fatty embolus may occur even as late as a fortnight after a traumatic injury. 2. Its sources are constituted not only by fractured bones, but also by crushed soft parts. 3. Hence, in all cases of extensive injuries to bones and soft parts the patient's urine should be examined several times daily for at least 3 weeks after the accident. 4. In diagnostic regards, difficulty in breathing and fall of the temperature are especially important. The former is sometimes characterized by a series of sudden loud sneezings. 5. Excretion of fat through the kidneys is intermittent. Hence, examinations of the urine may sometimes give negative results. 6. A diminution of fat in the patient's urine and a simultaneous increase of difficulty in his breathing point to growing danger. 7. To prevent fatty embolism, the injured limb must be kept in absolute rest (no massage, etc.). Any local cavities containing blood and fat should be incised into and emptied. 8. Once developed, the embolism should be treated by cardiac tonics and diuretics (the latter are to be used in order to promote the excretion of fat through the kidneys).—*Vratch*, No. 3, 1889.

II. On Pathogenesis of Senile Gangrene. By Dr. ALEXANDER G. KULABKO-KORETZKY (St. Petersburg, Russia). Basing his view on some clinical and microscopical researches of his own, the writer puts forward the following postulates: 1. The so-called "Senile Gangrene" may occur not only during an old age, but also during earlier life. 2. While remote cases of the disease greatly vary, its immediate cause consists in a disturbed nutrition of the

limb. 3. The disturbance is characterized by *a.* thrombosis of a major arterial vessel; *b.* embolism of some minor one; and *c.* chronic inflammation of the artery, (arterio-sclerosis). 4. The latter morbid process represents the commonest cause of senile gangrene. It arises from a retardation of the blood current, accompanied with an increase in the arterial tension. 5. The retardation of the current may result, on one side, from failure of the cardiac action (decrease in energy, etc.), and on the other from venous stasis with capillary obstruction. 6. The author's experiments (on dogs) seem to point out that primary morbid changes arise in veins (phlebo-sclerosis).—*Vratch*, 1889, No. 4.

III. Terebene as a Surgical Dressing Material. By Prof. TIMOFEI I. BOGOMOLOFF (St. Petersburg, Russia). Terebene, prepared and described first by Steles de Vglom, has been introduced into surgical practice by Dr. Vladimir I. Radulovitch, of Orel, about 1868-9. It has been used ever since at the Orel Feinsky Hospital with best results, as an antiseptic means for irrigating wounds (and even as an internal disinfectant in cases of tubercular enteritis, etc.). In 1878 Dr. Bond has published his well-known experiments showing that the substance possesses powerful disinfectant and antiseptic properties. Later on, Dr. Wood has recommended it as a most valuable dressing material emanating a very pleasant odor, yielding on evaporation igol, deodorizing putrid ulcers and wounds, and destroying bacteria without coagulating proteids. The drug was subsequently used—and that most successfully—by several British and French surgeons in a great number of cases of ex-articulations and amputations, in atonic ulcers, uterine cancer, etc. Prof. Bogomoloff similarly eulogizes terebene as a cheap and effective antiseptic, disinfectant and deodorizing agent, but at the same time he draws attention that commercial terebene is often impure (contains an undecomposed turpentine oil and various accessory products of distillation), and hence, sometimes manifests a local irritant action (gives rise to blisters, etc.). The writer recommends the following method for preparing a chemically pure and non-irritating terebene: Take 10 or 20 parts of turpen-